



**Arthur Salamon**, BFA, MA  
REGISTERED MENTAL HEALTH COUNSELOR

Date: \_\_\_\_\_

**Client Intake Form**

Name #1: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name #2: \_\_\_\_\_

Full Address (if different than above): \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Who Referred You: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_